PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707405

1. Corporation Name
Big Pine United Methodist Church, Incorporated
A Not For Profit Corporation

W05-52789

REINSTATEMENT 16'06
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
280 Key Deer Blvd	280 Key Deer Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Big Pine Key, Fl.	City & State: Big Pine Key Fl.
Zip: 33043 Country: USA	Zip: 33043 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/05/1964

5. FEI Number: 65-0710197 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ron Jensen

Street Address (P.O. Box Number is Not Acceptable): 280 Key Deer Blvd.

Suite, Apt. #, Etc.:

City: Big Pine Key | State: FL | Zip Code: 33043

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: (X) _____ Date: 10/5/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TRUSTEE	STEVEN P. STEIRO	280 Key Deer Blvd. Big Pine Key, Fl.	Big Pine Key, Fl 33043
TRUSTEE	Elaine G. MOORE	280 Key Deer Blvd	Big Pine Key Fl. 33043
TRUSTEE	John D Bigelow	280 Key Deer Blvd	Big Pine Key, Fl. 33043
			600061744T26 04/05/06--01034--021 **61.25
			600061744T26 11/29/05--01016--008 **2012.50

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: (X) _____ 10/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #